



Department of Business License

JACQUELINE R. HOLLOWAY

DIRECTOR

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http://www.co.clark.nv.us/business_license

REQUEST TO SURRENDER BUSINESS LICENSE

Date: _____

Business Name: _____

Business Address: _____

City, State and Zip Code: _____

Contact Telephone: _____

License Number(s): _____

Surrender of your license can be accomplished by completion of this form. All owners having an equal interest or interest greater than 50% must sign in order for surrender to be valid.

Effective _____ the following individual(s) acknowledge their desire to surrender the above listed Clark County Business license(s).

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

Signature

Print Name and Title

If additional signatures are required, place them on a separate sheet of paper and return with this form.

Send to: Clark County Business License

Attn: Investigations Division

P.O. 551810

Las Vegas, NV 89155-1810